



MITCHELL E. DANIELS, Jr., Governor
STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

*Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980*

Statement of Remediation of Indiana First Responder Skills
-remediation must be completed prior to the third attempt

We hereby verify that _____ has been
Candidate's name
remediated and deemed competent in **ALL** of the following skills.

HOURS*:

_____	Patient Assessment/Management - Trauma
_____	Patient Assessment/Management - Medical
_____	Spinal Immobilization Supine Patient
_____	Bleeding Control/Shock Management
_____	Joint Dislocation Immobilization
_____	Upper Airway Adjuncts and Suction
_____	Supplemental Oxygen Administration
_____	Cardiac Management
_____	Spinal Immobilization Seated Patient
_____	Bag-Valve-Mask (Apneic Patient)
_____	Long Bone Immobilization
_____	Traction Splinting
_____	Mouth-to-Mask with Supplemental Oxygen

*Suggest that DOT objectives be used as guidance during remediation.

_____	_____
Primary Instructor's Signature	Date

_____	_____
Training Institution Official's Signature	Date

_____	_____
Candidate's Signature	Course Number